SALON PLAN REVIEW APPLICATION

for Barbering, Hairdressing, Cosmetology, Nail, Tanning, Tattoo and Body Piercing

WEST HARTFORD-BLOOMFIELD HEALTH DISTRICT

580 Cottage Grove Road, Suite 100 BLOOMFIELD, CT 06002 (860) 561-7900 PHONE (860) 561-7918 FAX

Plan Review Fee: \$100

NEW	REMODEL	ADDITIONAL SERVICES					
Name of Salon:							
Salon Address:							
Phone (if available):							
Name of Owner or Owner's Representative:							
Mailing Address:							
Telephone:							
Applicant's Name and Relationship to Owner (self, manager, etc.):							
Mailing Address:							
Telephone:							
Please note the dates that plans have been submitted to the following agencies:							
Building Department							
Fire Marshal							
Zoning Department							

Hours of Operation

Sun	Mon	Tue		Wed _		Thu _		Fri	Sat
Total Square F	Total Square Feet of Facility:								
	Projected Date for Start of Construction:								
Projected Date	for Start of Cons	struction:							
Projected Date	Projected Date for Completion of Project:								
The following documents must be included for review:									
Copies of lice	nses if applicat	ole							
	salon, showing		all e	quipme	ent and	faciliti	ies		
Barbering		Services	S Pro	vided (check a	all tha	at apply)	7	
Hairdressing]	
Cosmetology]	
Nail	•								
Tattoo									
Body Piercing									
Pleas list all d	isinfectants, sa		ener	ai Sani	tization	Kevi	ew		
	on equipment u	,							
	infectants and s								
stored:		, 4411412413							
Where are cle	an and sanitize	d							
instruments st									
	reusable equipr	nent							
cleaned and sa			• •						
	zing solution at	each	Yes		No 🗌		Not 🗌	Comments:	
hair cutting st							Required		
_	of container pro	vided for	Yes		No 🗌		Not 🗌	Comments:	
sharps or poin	ited articles?		Required						
Disinfection of Foot Spas/Water Baths									
Is an antimicr foot spa/water	obial additive a bath?	vailable for	r :	Yes 🗌	No		Comme	nts:	
	e how foot spa	s/water					•		
	nfected between								
	e how the filter								
_	ths are cleaned	and							
disinfected:									

Cosmetics						
Please describe how makeup brushes are sanitized between uses:						
Tanning Devices						
Disposable protective goggles available for patron use:	Yes 🗌	No 🗆	Commen	Comments:		
Sanitizing solution readily available for patron use:	Yes 🗌	No 🗆	List solut	tion used for each device:		
1						
	Towels an	d Linens				
Laundered on site:	Yes 🗌	No 🗌	Not □ Required	Comments:		
Commercial laundry service:	Yes 🗌	No 🗌	Not Required	Name of commercial service:		
Are fresh, clean linens used with each client?	Yes 🗌	No 🗌	Not Required	Comments:		
	l					
	Oth	er				
Is there a written communicable disease policy:	Yes 🗌	No 🗌	Comments	Comments:		
Please describe written communicable disease policy:						
****** STATEMENT: I hereby certify that the above information is correct. I fully understand that any deviation from the above without prior approval from the West Hartford-Bloomfield Health District is prohibited. Signature(s)						
Owner(s) or Responsible Representative(s)						
Date:						
Approval of these plans and specifications by the West Hartford-Bloomfield Health District does not indicate compliance with any other code, law or regulation that may be required – federal, state, or local. It further does not constitute endorsement or acceptance of the completed salon (structure or equipment). (A pre-opening inspection of the salon with equipment in place and operational will be necessary to determine if it complies with the local and state laws).						